PART B - FEE(S) TRANSMITTAL

NOV 0:4 2004	his form, together wit		or <u>l</u>	<u>Fax</u>	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	inia 22313-1450	J.	
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SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA GARDEN CITY, NY 11530 11/05/2004 MBEYENE2 00000091 500510 09757965					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.			
01 FC:1501 1370.00 DA					(Depositor's na			
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APPLICATION NO.	FILING DATE FIRST NAMED INVI			-	ΓOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/757,965 01/10/2001 Tak Hung Ning TITLE OF INVENTION: FULLY-DEPLETED-COLLECTOR SILICON-ON-INSULATOR					•			
TITLE OF INVENTION: FU	JLLY-DEPLETED-COLLE	CTOR SILICON-	-ON-INSULA	ATOR (SOI) BIPOLAR TRAN	ISISTOR USEFUL ALONE	OR IN SOI BICMOS	
APPLN. TYPE	SMALL ENTITY		ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370 1,3.70			\$300	\$ 1,670	01/13/2005	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS			
TRAN, 1	2811	2811		257-047000				
 Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Scully, Scott, 2 Murphy & Presser 3 Robert M. Trepp, Esq.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
INTERNATIONAL BUSINESS MACHINES CORPORATION ARMONK, NEW YORK								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙀 Corporation or other private group entity 🚨 Governm								
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